

| SITIO: | INITIALS | ID NO. | DATE |
|----------------------------------|------------|------------|-----------------|
| FEES DETERMINATION | <i>C-C</i> | | <i>08-15-01</i> |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>MN</i> | <i>778</i> | <i>8/24/01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date | | |
|----------|-------|-------|-------|
| Final | 10/01 | 08/01 | 03 |
| Original | 16 | 24 | 29/27 |
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| 16 | N | N | N |
| 17 | ✓ | ✓ | ✓ |
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| Claim | Date | | |
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| Claim | Date | | |
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| Final | 101 | | |
| Original | 102 | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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3/23/01